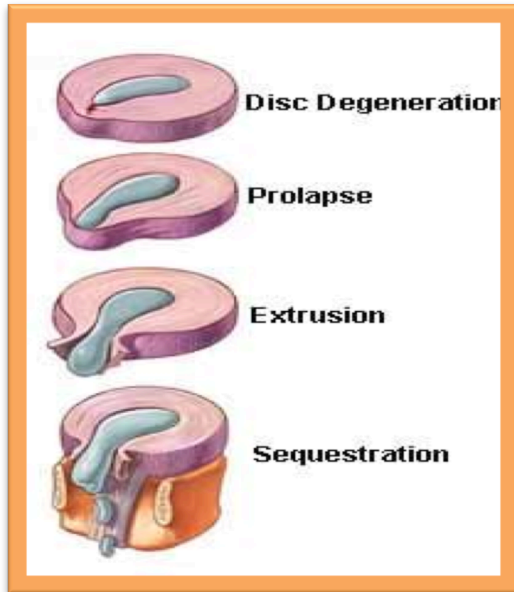




CERVICAL DISC BULGE

WHAT IS CERVICAL DISC BULGE

This condition may also be known as a herniated disc, slipped disc or disc protrusion. The condition refers to the soft fluid filled discs between the cervical vertebrae and the change in shape/distribution that can occur near the weak points in the disc, which can result in a bulge.



CAUSES OF A CERVICAL DISC BULGE:

- Both forceful and non-forceful bending (flexion) of the head forwards or to the side
- Poor posture, usually slouching behaviours over lengthy periods
- Lifting and more commonly lifting whilst the head is flexed
- Motor vehicle accidents

ANATOMY FACTS:

1. There are 7 cervical vertebra;
2. Each of these vertebra connect to the vertebra above and below via facet joints and the intervertebral disc, together known as the functional unit;
3. There are many strong bands of connective tissue surrounding the spongy compartment of the disc called the annulus fibrosis. The centre is known as the nucleus pulposus;
4. The intervertebral disc play an important role in shock absorbing and load distribution;
5. The functional unit allow for movement, support our head and upright posture.

DIAGNOSIS:

A thorough subjective examination will look at the current history of the condition including aggravating and easing factors, mechanism of injury, work and lifestyle factors and reported symptoms.

The physiotherapist will check your range of motion, review posture, palpate for pain, stiffness and abnormally rotated joints and complete a neural examination amongst other specific tests.

SIGNS AND SYMPTOMS:

- Neck pain that is usually one sided;
- Headaches;
- Pins and needles and numbness;
- Muscle weakness down the arm;
- Muscle spasm;
- Joint stiffness;
- Decreased range of motion



PHYSIOTHERAPY TREATMENT OPTIONS:

- Traction
- Stretches
- Muscle energy techniques
- Lifestyle changes
- Electrotherapy
- Education
- Active release techniques
- Dry Needling
- Trunk and neck strengthening
- Postural education and programs

PROGNOSIS:

Good symptomatic relief is usually achieved over 3 weeks with strength gains and stability improving greatly over the 6-8 weeks following injury. In severe cases signs and symptoms may last for up to 12 months or may require surgical intervention

